

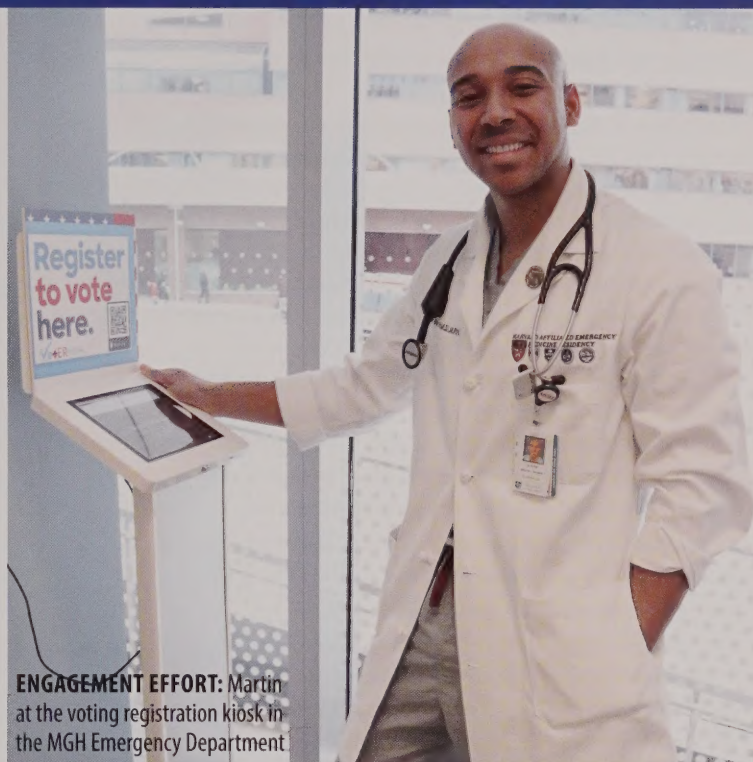
VotER: Empowering patients in the ED

IT IS ESTIMATED THAT MORE THAN 50 MILLION eligible people in the United States are not registered to vote. One emergency medicine physician at the MGH has made it his mission to decrease that statistic – one person at a time.

“I was really inspired by what I see in the Emergency Department every single day, and what my colleagues see every time they go to work,” says Alister Martin, MD, MPP, of the MGH Emergency Department (ED). “So much of what we do in the ED is true medical emergency care, but a large portion of what we also see are the faces of failed public policy. These are the folks that come to us with problems that have their roots in upstream public policy issues like homelessness, addiction, food insecurity and lack of access to mental health care in this country. And, there are two things we can do about it. We can complain and wring our hands, or we can try – as physicians, as physician assistants and as nurses – to get involved in some small way and make the system better. We can be part of the solution.”

Martin’s solution comes in the form of a newly created **VotER** initiative, providing patients, visitors and staff with the opportunity to register to vote, or check to see if they are registered to vote, while at the MGH. The program – created in coordination with a team from Harvard Kennedy School, a tech nonprofit called Turbovote, and the behavioral

(Continued on page 4)



ENGAGEMENT EFFORT: Martin at the voting registration kiosk in the MGH Emergency Department

Never far from home: The power of the MGH community

The following was written by Karen MacDuffie, MGH volunteer and member of the LVC.

MY MGH COMMUNITY is a very important part of my life. I have been a volunteer for about 25 years, most of them in the Gray/Yawkey Family Waiting Area and in the Post-Anesthesia Care Units. As a member of the Ladies Visiting Committee, I have been privileged to learn about many areas within the MGH



SAFE TRAVELS:
Hirsch with John and Karen MacDuffie

and to meet many of the administrators and doctors that make up this community. I have seen the caring and compassionate manner of the staff as they treat the patients – both my husband and I have been patients as well.

But my concept of this community changed – grew – recently when my husband and I experienced a traveler’s nightmare: John had a serious injury in a foreign country where we did not know the facilities nor speak the language. Luckily we were on a tour, so had a guide who could help us. But all I wanted was to be in my user-friendly, recognizable MGH with its world-class doctors, the latest equipment and its familiar faces. That was the community I needed.

After a four-day wait for the appropriate accommodations, we arrived at the plane that could take us home. I turned to my right – and a member of my community was here – Joshua Hirsch, MD, a doctor I had seen countless times in the Gray Family Waiting Area. The relief I felt just knowing that he would be on the plane was immense. Dr. Hirsch said that if there was anything he could do, he’d be there.

About two hours out of Boston, John began to feel awful. Even the

(Continued on page 3)

RESEARCH ROUNDUP

Can teeth tell more about the future impact of adverse childhood events?

MGH researchers will be among the first to investigate if baby teeth can provide insights into adverse childhood events that could lead to mental health problems down the line.

Teeth develop in layers, leaving behind growth marks similar to the rings of a tree trunk. By studying the characteristics of these rings, researchers hope to find an objective way to measure the impact of these events and identify new opportunities for early intervention and treatment of disorders such as depression and anxiety.

"Every tooth can tell its own story about a period in early development, even before birth," says Erin Dunn, ScD, MPH, of the Center for Genomic Medicine and the Department of Psychiatry, who is leading the study. "We believe teeth might capture the psychological and social stressors people experience early in life, which can then help to guide prevention efforts."

Electronic health records could improve early Alzheimer's diagnosis

Many researchers believe that the key to effectively treating Alzheimer's disease is early diagnosis, before outward symptoms such as dementia and memory loss appear.

An MGH research team has developed a software-based method of scanning data from electronic records to estimate the likelihood that a currently healthy person will receive a dementia diagnosis up to eight years in advance.

The team first used machine learning technology to build a list of key clinical terms associated with cognitive symptoms. Next, they used natural language processing to comb through clinical notes from 268,000 electronic health records looking for those terms. Finally, they used those results to estimate patients' risk of developing dementia.

"We need to detect dementia as early as possible to have the best opportunity to bend the curve," says Roy Perlis, MD, director of the MGH Center for Quantitative Health, who led the study along with Thomas McCoy Jr., MD, director of Research for the Center for Quantitative Health. "With this approach, we are using clinical data that is already in the health record that doesn't require anything but a willingness to make use of the data."

Raising awareness of the health risks of restrictive eating

Children who refuse to eat certain foods typically grow out of that phase as they get older. A similar condition in adults called avoidant/restrictive food intake disorder (ARFID), however, can be a serious problem that may require treatment.

ARFID can make it difficult to eat at work or during social situations, strain relationships with friends and family members, and lead to serious medical consequences including significant weight loss and nutritional deficiencies.

A paper published by an MGH research team led by Helen B. Murray, MS, of the Department of Psychiatry, and Braden Kuo, MD, of the Division of Gastroenterology, seeks to help doctors diagnose this relatively unknown disorder and connect patients to care.

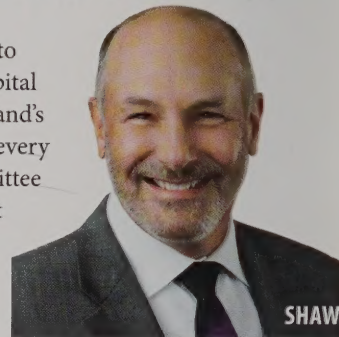
In a chart study of 97 gastroenterology patients who were retrospectively identified as ARFID patients, the team found only one was correctly diagnosed within 18 months of their initial presentation for treatment.

"The good news is there is effective, exposure-based treatment for ARFID. The bad news is that many gastroenterologists are still not aware of this diagnosis," Murray says.

Nantucket Cottage Hospital welcomes new president

THE NANTUCKET COTTAGE HOSPITAL Board of Trustees has named Gary Shaw president and CEO of Nantucket Cottage Hospital following a nationwide search. Shaw – who began his new role Dec. 9 – brings more than two decades of experience leading hospitals and health care organizations from Delaware to Alaska, as well as 20 years of service in the U.S. Navy's Medical Service Corps.

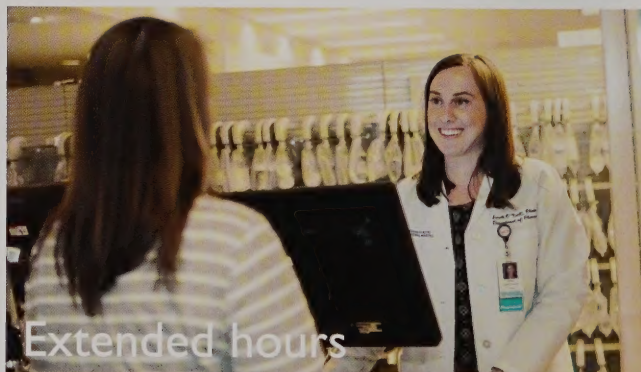
"Gary is the right person to lead Nantucket Cottage Hospital into this new era with the island's new health care facility, and every member of the search committee and the board feels confident that his experience and skillset are well-matched to meet the challenges of our remote island hospital," said Kevin Hickey, chair of the hospital's Board of Trustees.



Shaw most recently served as president of Cambridge Medical Center in Minnesota. Prior to that, he was the hospital administrator of the Alaska Native Medical Center in Anchorage, Alaska, a regional referral center and teaching hospital for the Alaska Native and American Indian populations. Shaw enlisted in the U.S. Navy in 1977, progressing from hospital corpsman to lieutenant commander of the Navy's Medical Service Corps. He served during four wars and his last assignment was as Secretary of State Madeline Albright's public health representative to the United Nations during the Bosnian war.

"My wife Trisha and I are very excited to be returning to our New England roots, joining the Nantucket community, and I couldn't be more pleased to be invited to work with the wide array of highly skilled team members at Nantucket Cottage Hospital," Shaw said.

Shaw succeeds Margot Hartmann, MD, PhD, who served as Nantucket Cottage Hospital's president and CEO since 2010. ■



THE MGH OUTPATIENT PHARMACY in the Wang Building has new weekday hours. It is now open from 8:30 am to 7 pm Monday through Friday. Weekend hours will remain the same – Saturday from 9 am to 3 pm and Sunday from 9 am to 12:30 pm.

MGH IN HAITI



As Haiti continued to recover from the devastating earthquake, a team from the MGH Center for Global Health traveled there in July 2011 to combat the rising cases of cholera.



MGH staff collected and shared much-needed supplies following the 2010 earthquake.



Louise Ivers, MD, executive director of the MGH Center for Global Health, boarded a UN flight in 2010 to deliver humanitarian aid in rural Haiti.

Remembering the Haiti earthquake: 10 years later

TEN YEARS AGO on Jan. 12, 2010, a 7.0 magnitude earthquake hit the island nation of Haiti, heavily damaging its capital city of Port-au-Prince and surrounding towns. Reports estimate more than 100,000 people were killed and 250,000 homes were left in shambles. In the next two weeks, some 52 aftershocks measuring at 4.5 magnitude and greater continued to ravage the area.

Following the disaster, the MGH immediately coordinated an emergency response effort, assisting employees with ties to Haiti and coordinating nearly 100 staff members to serve as medical volunteers to travel to the country to provide much-needed support. Over the course of the past 10 years, staff members continued – and continue – to return to Haiti to provide clinical care and other assistance.

“It’s overwhelming to see such large numbers of people affected – you can feel helpless,” Susan Briggs, MD, a trauma surgeon who was part of the response, said at the time. “You can’t take back their losses, and you can’t do much of anything on your own. But because everyone at Mass General worked together, we could make a difference in Haiti. We gave them hope for the future.” ■

– MGH community

(Continued from page 1)

attendants noticed it, and asked if we wanted a doctor to meet us at the plane. Then the attendant announced, “Is there a doctor on board?” Dr. Hirsch immediately came up. Of course we were frightened – it had been a long, exhausting, traumatic experience, and John needed help. The professionalism and compassion that Dr. Hirsch showed to him, and to both of us, so exemplified what we have experienced over many years of being involved in the MGH community.

After checking on John and reassuring us both, he asked if we wanted an ambulance to meet us at the plane and take us directly to the MGH. We thought about it and then made the right decision – we went directly from the plane to the Emergency Department, where John was immediately enveloped in questions, tests and IVs. He eventually had surgery, followed by a five-night stay surrounded by capable, attentive members of the community. He is recovering well at home.

As a volunteer, I see the impact of the skills and the empathy of the MGH often. As volunteers we are often told that we are part of the team – part of the MGH community. That was so very evident from Dr. Hirsch’s acknowledgement of John’s situation in the Rome airport to our arrival in Boston. While I’m sure any doctor would have done the same for any passenger, I felt very secure knowing that one of “my community” was on board, was ready to jump in if needed and was there when the need arose. ■

Select MGH staff to receive Patient Safety Culture survey

ON JAN. 13, staff who work in departments that provide or support direct patient care will receive the “MGH/MGPO Survey on Patient Safety Culture.” The confidential questionnaire, sent via email from SurveyMonkey, takes about 15 minutes to complete. Results of the survey will be shared with hospital leadership to help guide future quality and safety initiatives throughout the institution.

“Understanding your perceptions about safety will allow us to reinforce and advance our culture throughout departments and across the institution,” says Jana Deen, RN, associate chief Patient Safety Officer. “Candid responses are encouraged as we continue our efforts to enhance patient safety and ensure that all providers are comfortable reporting when something is not right.”

Everyone who completes the survey will be entered to win raffle prizes and weekly drawings for Coffee Central gift cards.

For more information, email Jesse Russell, of the Center for Quality and Safety, at jrussell7@partners.org.

– *VotER*

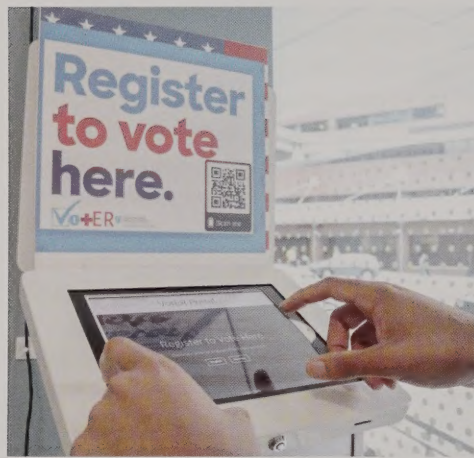
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sciences firm ideas42 – features two iPad-based kiosks located in the ED's registration area and in a non-acute waiting room. In addition, flyers are posted throughout the ED with the program's website and a QR code, which allows people to scan a barcode with their cellphone for immediate access to the site.

Martin stresses the program is totally optional, non-partisan and does not impact or interrupt clinical care. "Our *VotER* program is aimed at trying to empower our patient population to register to vote," he says. "This is because what we've seen is a demographic overlap for those who are not registered to vote in this country and those who use EDs nationwide for what we call low-acuity complaints or nonemergent complaints. The top three populations in both categories are those who are low-income, people of color and young Americans. We saw that

there is an incredible opportunity to offer voter registration to these groups while they are at the hospital."

As part of the initiative, Martin says, voters at the MGH will also be invited to participate in a separate and optional research study examining the registration rates to better understand if registering in an



ED setting helps with access to registration, ease of registration and subsequent voter turnout at the polls. The study is slated to run through the national presidential election in November 2020, however, the registration kiosks will remain in the ED to continue to promote the importance of voter registration.

"Our department is proud to be the first in the nation to offer this valuable resource in the ED and to lead a growing group of departments across the country that will join us in offering this important service," says David Brown, MD, chief of the Department of Emergency Medicine. "We are pleased that the Hospital of the University of Pennsylvania and Einstein Medical Center in Philadelphia have already introduced the *VotER* program in their emergency departments and we have been pleasantly surprised by the amount of outreach from interested hospitals across the country."

Martin says he believes building a more inclusive health care system starts with creating a more inclusive democracy and the first step in that process is getting more people registered to vote. "The bottom line is we want to make it easier for people to register to vote. It's easy. It takes 90 seconds with the *VotER* platform. And, it's so important."

For more information about the *VotER* program, visit www.vot-ER.org. To register to vote, or to check registration status, visit www.vot-ER.org/Voter. ■



CRITICALLY ACCLAIMED: From left, Gao, Parth and Ahrens

Flu Haiku Contest winners

AFTER MORE THAN 350 submissions and nearly 600 votes cast, winners have been honored for their poetic prowess in Apollo's Flu Haiku Contest. The top two entries were separated by mere votes.

Patel Parth and Kaitlan Ahrens, of Transplant Surgery, co-wrote the fan favorite:

*"A minute or two
To prevent the nasty flu
quick as a haiku"*

Anna Gao, RN, of the Wellman Center for Photomedicine, earned second place:

*"Sneezes, sniffles, snot
Oh no that is not so hot
Time for a flu shot"*

Nominate a Safety Star: Individual or team!

Do you know an employee or team who proactively speaks up for patient safety?

This person or team goes above and beyond their regular job duties to demonstrate a true commitment to patient safety and promotes high quality care.

Tell us about this employee or team, and why this nominee should be selected and honored as a 2020 Patient Safety Star.



Start the nomination process now!

Beginning Dec. 16, scan the barcode or visit surveymonkey.com/r/PSAW2020

Hurry! Nomination period ends Jan. 17.

2020 Envision Excellence

Window now open for Triennial Survey from The Joint Commission

THE WINDOW FOR the 2020 Triennial Survey from The Joint Commission is now open. During the visit, a team of surveyors will conduct an unannounced, comprehensive, hospitalwide review of the hospital's patient care practices. The Joint Commission is a nonprofit organization that accredits more than 22,000 health care organizations and programs in the United States.

"The weeklong survey – which will occur sometime within the next 10 months – provides us with an opportunity to share best practices and demonstrate at a national level our high standards for patient quality and safety," says John Belknap, chief compliance officer. "Every employee will need to be prepared to answer questions about quality standards appropriate for their department and how they relate to the hospital's overall goals."

The MGH is focused on achieving the following five quality and safety goals:

- Improve equity in patient experience and clinical care
- Improve institutional capacity: Ambulatory, Emergency Department, inpatient
- Help keep our patients safe
- Strengthen safety culture: Workforce, wellness, professionalism, culture
- Achieve excellent results on The Joint Commission Triennial Survey

"During a typical visit by The Joint Commission, surveyors review more than 40 patient care units, ambulatory practices, procedural locations and laboratories," Belknap says. "We appreciate everyone's diligence and dedication to maintaining the highest level of excellence, so we will once again successfully receive our accreditation following this important review process." ■

Monitoring coronavirus

CLINICIANS AT THE MGH have been closely monitoring the spread of a new coronavirus – first detected in China last month – which has sickened hundreds and killed at least 21 people. The U.S. this week confirmed a patient in Washington state was diagnosed with the pneumonia-like illness. Here, Erica Shenoy, MD, PhD, associate chief of the MGH Infection Control Unit, offers insight into what everyone should know about this virus.



What is a coronavirus?

Human coronaviruses are common throughout the world and are comprised of large groups of viruses. The illnesses – often transmitted from animals to humans – range from minor colds to more serious infections similar to Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). This newest strain of coronavirus appears to also be transmitted between humans.

What are the signs and symptoms of this coronavirus and how does it spread?

The most common symptoms of coronavirus infection range from mild – fever, general body aches, dry cough and breathing difficulties – to severe – a fever of 100.4 F or higher, pneumonia and kidney failure. Coronaviruses can be spread through respiratory droplets emitted from an infected person's coughs or sneezes, as well as by touching contaminated objects. To curb the spread of the virus, the World Health Organization has advised people to avoid close contact with people suffering from acute respiratory infections, to frequently wash their hands and to avoid contact with farm or wild animals in areas where the virus is spreading, such as China. Unlike the flu, there is no vaccine and no specific treatment for coronavirus beyond supportive treatment, such as resting and staying hydrated.

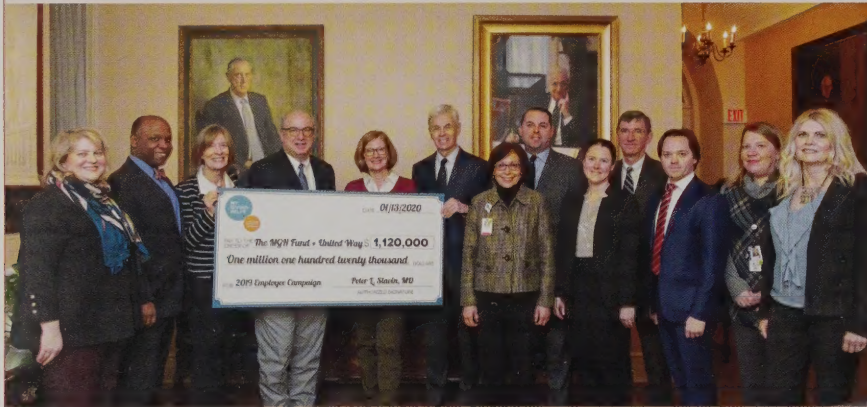
Where did this case of coronavirus originate from?

The virus was first identified in Wuhan, Hubei Province, China, and since then, more than 400 cases have been confirmed by Chinese authorities. Additionally, cases have been identified in several countries internationally, with the first U.S. case confirmed Jan. 21. The Centers for Disease Control and Prevention (CDC) continues to investigate reports to learn more about the virus' spread.

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My Giving Helps marks momentous milestones

ON JAN. 13, the My Giving Helps co-chairs and program champions, along with Peter L. Slavin, MD, MGH president, presented a check for \$1,120,000 to the MGH Fund and United Way of Massachusetts Bay and Merrimack Valley. The donation was made possible thanks to the almost 7,000 employees who continue to show a commitment to giving back through the My Giving Helps: The MGH Fund + United Way Employee Campaign.



Mass General Brigham branding update

COMING TOGETHER AS A SINGLE, integrated health care system focused on enhancing patient impact is the reason Partners HealthCare is changing its system name to Mass General Brigham. A systemwide, cross-functional team is involved in the branding efforts, and they are working on a process for how to best roll this out, always keeping patients and clinical care as the top priority. Here, Partners leadership addresses a few of the questions that have come up.

Why is it important to rename the system?

The new name builds on the reputations of the world-class academic medical centers who founded the system and fosters a greater sense of the connectivity for all our institutions. The name has meaning to people. We can create a clearer sense of how all parts of our system work together for our patients.

Many employees took the brand survey. Patients did as well. What did you learn?

While we tested several options for names, the clear favorite was Mass General Brigham. In fact, the two hospital names are so strong that when placed together there's no need for what we'd call a "qualifier," like system or health.

What has been the focus since the Partners Board voted in late November to change the name?

There's been a tremendous amount of work happening since the Board vote. One important focus is linking the new name to the systemwide strategy created by leaders across the system. We are developing a graphic identity, or logo, to accompany our new name, and we are completing a comprehensive inventory of all areas where our names appear – such as buildings and web properties. This early work is the foundation of planning for how we will bring the new name and identity to our patients locally, across the country and globally.

Should we start using the new name now?

It is great to see the enthusiasm for the new name, and some have already begun to use Mass General Brigham. It's fine to show pride in the new name by using it internally, but we are still working out details for its use externally. Expect lots of excitement for the formal name change later this spring.

There has been a lot of talk about cost. What should we know about that issue?

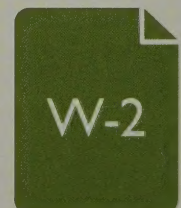
Branding the system will require investment, but that is all part of the planning that is being thoughtfully discussed. It is worth noting that branding is an important component of how we relate with our patients and our communities. That is why you are seeing and hearing so much more from other health care systems around the country. ■

Important 2019 W2 information

PAYROLL IS PREPARING the 2019 W2 forms and they will be mailed out before Jan. 31.

Staff also can view their W2 via PeopleSoft Employee Self Service and print the information and use it to file taxes. The W2s will be available in PeopleSoft by Jan. 31.

After logging on to PeopleSoft, choose "myPay" and then select the "View W2/W2C Forms" menu option on the left side of the page.





Know the Line

Commit to a safe and respectful workplace

LAST FALL, THE MGH LAUNCHED the *Know the Line Program*, designed to address and prevent harassment, sexual harassment and abusive conduct – commonly known as workplace bullying. The *Know the Line Program*, supported by strong leadership commitment, will provide education and training, strengthened and unified policies at the MGH and other Partners affiliates, clear reporting and resolution procedures, expanded resources and support, and ongoing monitoring. A lot of work has been happening behind the scenes since the October launch, and Jovita Thomas-Williams, senior vice president of Human Resources, shares more about the program and its timeline.

MGH employees haven't heard much about *Know the Line* since the program was announced in October. What is happening?

We are nearing completion the ground-laying phase of this campaign. During this time, a number of dedicated individuals from Human Resources, legal, communications and administration staff – with the help of other teams throughout the hospital – have been putting the foundation of the *Know the Line Program* in place, ensuring its components help us address and prevent undesirable and inappropriate workplace behavior.

During this time, we have reviewed all policies that cover these topics at the MGH, Brigham and Women's Hospital, and Partners HealthCare. There were 67 policies between these three affiliates, and we have narrowed them down to six. These six policies will be the same at MGH, BWH, Partners HealthCare and eventually every other Partners affiliate, taking the confusion out and adding clarity to what is acceptable and not allowed in our workplaces.

At the same time, we have been piloting our industry-leading, groundbreaking prevention and training program with a variety of employee communities across MGH. The feedback received from participants has been invaluable, and we are using it to ensure that this important training is a best practice experience for everyone.

What is the training like?

The training is called Common Ground Healthcare, and it was designed specifically for the hospital environment. It uses storytelling and interactive quizzes to educate viewers on what is acceptable and not acceptable in the workplace. This isn't just any other training video. I think MGH employees will find these real-life scenarios engaging and educational. As the viewer, staff get to decide how the characters react to certain workplace situations. This is unlike any other training they've ever experienced.

Training will take about one hour and will be mandatory for all MGH employees. Those with manager/supervisor responsibilities will be asked to complete one additional hour of training.

When can employees expect to participate in the training?

We are planning a *Know the Line* Leadership Conference for senior leadership in March. They will be the first to complete the training. After that, it will be assigned to managers and supervisors, and eventually, all MGH employees via HealthStream.

Why focus on leadership?

Our leaders shape the work environment and the culture we experience at the MGH every day. They are the ones who set the example and encourage civility and respect among all team members. This is an incredibly important component of the *Know the Line Program*, and by having leaders be the first individuals trained, we set the expectation that they are responsible for championing a safe and respectable workplace for all.

When will we hear more?

You'll hear a lot more about the *Know the Line Program* in the coming months. We will have a website, educational forums and other events to keep the conversation about a safe and respectable MGH workplace long after training is completed. The *Know the Line Program* isn't about a one-time training – it's a shift in culture that will happen across several months, or even years. ■

First-of-its-kind heart transplant performed in New England

A TEAM OF MGH TRANSPLANT SURGEONS

and specialists recently performed the largest number of adult heart transplants in the country using what are known as Donation after Circulatory Death (DCD) donor hearts. The five transplants also include the first surgery of this kind for the New England region.

For decades, heart transplant cases in the U.S. have been dependent solely upon organs donated after brain death or irreversible loss of brain function. A DCD donor has brain function incompatible with life, but doesn't meet all criteria for brain death. Life support is removed and if the donor's heart stops beating within a certain window of time, death is declared and the organ is removed. Outside the body, blood circulation is re-established in the heart using a machine pump while it is being transferred to the recipient.

"This is a significant moment not only for MGH, but hopefully for transplant centers around the country," said David D'Alessandro, MD, surgical director for MGH Heart Transplantation. "Patients die each day while waiting for transplants, due to a major shortage of suitable organs. This is one way we can work toward addressing that gap."

The first adult DCD heart transplant in the U.S. was performed at Duke University Hospital in December 2019. Duke and MGH are among five centers taking part in a clinical trial for DCD heart transplants, involving the use of the Organ Care System (OCS) designed by Massachusetts-based Transmedics. The portable OCS, often referred to as "heart in a box," restores the donor organ with warm, oxygenated blood, re-animating it until it can be safely transplanted. OCS was also used during the world's first DCD heart transplant in Australia in 2014 and in England's first DCD heart transplant in 2015.

"Recent studies have shown outcomes among DCD heart transplant patients overseas have been favorable," said James Markmann, MD, PhD, chief of the MGH Division of Transplant Surgery. "I'm confident we will continue to see this program grow at MGH."

The DCD heart transplant trial is expected to run through August of 2021.

RESEARCH ROUNDUP

How microbes influence the development of the infant immune system

When infants leave their mostly sterile home in the uterus during birth, they are rapidly colonized with microbes from the surrounding environment, the majority of which takes place in the intestinal tract.

This is a critical time for the newborn's immune system, as it learns to separate friend from foe.

Research has shown that “crosstalk” between these early microbe colonizers and the immune cells in intestines plays a key role in developing a well-functioning immune system, but until now the specific process by which that occurs had not yet been defined.

An MGH research team found these early interactions between microbes and immune cells are communicated to the thymus – an organ responsible for creating specialized immune cells early in life – through specialized cells that are imprinted with microbial signatures in the intestine. The cells then travel up to the thymus, which is located just under the breastbone between the lungs.

If this signaling process goes awry, newly formed immune cells may start to target helpful microbes instead of harmful ones, which could disrupt the balance of the gut microbiome.

An unbalanced microbiome is believed to increase the risk of developing allergies, asthma and autoimmune disorders such as celiac disease and inflammatory bowel disease later in life.

A better understanding of this process could lead to new strategies that promote a healthier relationship between intestinal cells and the microbiome. The study was led by Nitya Jain, PhD, and Alessio Fasano, MD, both of the Mucosal Immunology and Biology Research Center.

A cool new way to reduce fat

The MGH research team that invented a process called Coolsculpting – a popular non-surgical method for reducing fat under the skin – is now developing a new technology that can reduce fat almost anywhere in the body using a safe, injectable ice solution, or slurry.

Coolsculpting, while highly effective, is limited by the amount of fat that can be removed per session and is not practical for reaching deeply seated fat in the body. The slurry injection, by contrast, can target and remove fat tissue at any site that can be accessed by a needle or catheter.

One key benefit of the slurry technique is that it is specifically designed to target fat and does not damage any surrounding organ or muscle tissues. In a study in pig models, the researchers reported a 55 percent reduction in fat thickness with no damage to skin or muscle at the injection site, and no systemic side effects or abnormalities.

More research and safety testing will have to be done before the process is approved for use in humans, but the research team is optimistic it could provide a significant upgrade in fat removal technology if approved.

“With this new technique, the doctor can do a simple injection that takes less than a minute, the patient can go home, and then the fat gradually disappears,” says Lilit Garibyan, MD, PhD, an investigator in the Wellman Center for Photomedicine and co-author of the study along with center director Rox Anderson, MD.

Melodies for children with vascular birthmarks

MORE THAN 100 GUESTS enjoyed a night of classical music, laughter, Vietnamese food and a silent auction in the halls of the First Church in Boston on Dec. 14, 2019, to celebrate the 10th anniversary of the Vietnam Vascular Anomalies Center (VAC).

Hosted by the MGH Department of Dermatology and the Wellman Center for Photomedicine, the event raised more than \$60,000 to support the continued training and development of the interventional radiology clinic in Ho Chi Minh City, and a second satellite VAC clinic in Da Nang – expanding access to medical care for children with disfiguring birthmarks throughout central Vietnam.

“The clinic has done an amazing job taking care of children on such a small yearly budget,” says Rox Anderson, MD, director of the Wellman Center. “It’s the most efficient laser center in operation.”

Since its inception a decade ago, the Vietnam VAC in Ho Chi Minh City remains the only state-of-the-art facility of its kind in Vietnam, home to more than 90 million people. Anderson and Thanh Nga Tran, MD, PhD, MGH Dermatology Department, are two of the founders of the clinics.

Photo credit: George Morgan



MUSIC TO THEIR EARS: From left, Liz Morehouse and Nisrine Kawa, MD, of the Wellman Center; Tran; Anderson; and Neera Nathan, MD, Department of Medicine

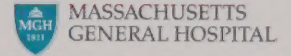
The group also helped abolish the use of radioactive phosphorus in the treatment of vascular anomalies and provides yearly trainings to Vietnamese physicians and medical staff about modern, safe and effective medical treatments for disfiguring birthmarks and other severe skin conditions in children. Since its inception, the center and its dedicated team of physicians have provided more than 15,000 children with free laser and medical treatments.

“What I have learned is to get off your chair and go do something,” Anderson says. “There is no greater thrill than knowing what you do makes an impact, to meet the people of Vietnam and help improve the quality of these kids’ lives. It’s a chance to fully express idealism and know that the world is a good place. That’s the value of being part of this clinic. It is an honor to contribute to this effort.”

For more information, visit www.VietnamVAC.org. ■

Coronavirus Update

Staff should visit apollo.massgeneral.org/coronavirus for more information



WHAT IS 2019 NOVEL CORONAVIRUS?

The 2019 novel coronavirus (2019-nCoV) is a new virus that causes respiratory illness in people and can spread from person to person. This virus was first identified at the end of 2019 during an investigation into an outbreak of respiratory illness and pneumonia in Wuhan, China.

HAVE THERE BEEN CASES OF 2019-NCOV IN THE UNITED STATES?

Yes. The first infection with 2019-nCoV in the U.S. was reported on Jan. 21. The numbers have been small overall, and all thus far have been associated with prior travel from areas in or around Wuhan, China, or close household contact to an infected person from China. Thus, the risk of being exposed to this virus in the U.S. remains exceedingly low.

WHAT SHOULD I DO IF I HAVE SYMPTOMS?

Although your symptoms – mild to severe respiratory illness with fever, cough and shortness of breath – are most likely due to influenza or other viruses that occur commonly here in winter, you should call your health care provider to discuss your symptoms. If there is a reason to think you may have been exposed to the new coronavirus, your health care provider will work with your state's public health department and the Centers for Disease Control and Prevention (CDC) to determine if you need to be tested for 2019-nCoV.

IS THE MGH PREPARED TO CARE FOR PATIENTS WITH CORONAVIRUS?

The MGH is fully prepared to care for patients with coronavirus. Hospital doctors, nurses, infection control specialists, emergency specialists and administrators have been closely monitoring the coronavirus outbreak. They have developed a hospitalwide plan that will be put in place if patients with coronavirus come to the hospital or health center.

DOES THE CDC RECOMMEND THE USE OF FACE MASKS TO PREVENT 2019-NCOV?

No. The CDC does not currently recommend the use of face masks among the general public. While the virus has spread from person to person among close contacts such as family members, this virus is not currently spreading in the community within in the U.S. As always, if you have a fever or cough when at any of the MGH campuses, please pick up a mask at any information desk to help prevent the spread of germs of all kinds. ■

Supporting hospital colleagues in China

HOW CAN WE HELP OUR FRIENDS, family and colleagues in China?

It is a question that many MGH staff and community members have asked in the wake of the global coronavirus (2019-nCoV) outbreak. The respiratory illness was first identified last month in Wuhan, Hubei Province, China and since has spread to thousands of people in the country, leaving hospitals there overwhelmed and in need of medical supplies and support.

"Currently, the increased demand for personal protective equipment (PPE) throughout the nation has resulted in distributors restricting the amount of supplies health care facilities can order to prevent hoarding," says Paul Biddinger, MD, chief of MGH Division of Emergency Preparedness. "This means that we are unable to order above and beyond our typical quantities. However, after careful review of our supplies, we have identified protective suits that are no longer used in our biothreats program, as well as masks and gloves that we will be able to send to help our colleagues at our partner institutions in China."

In addition, Mass General is sharing a toolkit of essential planning and response resources – developed for use in the MGH Biothreats Unit – with responding teams in China. "It is our hope that these expert guides will help address some of the enormous challenges they currently are facing," says Biddinger.



THERE IS CURRENTLY no vaccine to prevent the 2019-nCoV infection. To help prevent the spread of respiratory viruses, the CDC always recommends washing hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing.

Washing your hands is easy, and it is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community.

Follow these five steps every time.

1. Wet your hands with clean, running water, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails.
3. Scrub your hands for at least 20 seconds. You can count to 20 to be sure you have scrubbed for the right amount of time.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Cupcake tasting Thursdays at the Blood Donor Center

THIS YEAR MARKS the 10th annual Cupcake Days event at the MGH Blood Donor Center. Anyone who makes a lifesaving blood or platelet donation any Thursday in February – Feb. 13, 20 or 27 – will enjoy a delicious cupcake and receive a long-sleeved T-shirt.

This year's cupcakes are provided by the following area bakeries: Treat Cupcake Bar, Lyndell's Bakery, Yum Bunnies Cakery, Sweet, Montilio's, Wilson Farm, Georgetown Cupcakes and J.P. Licks.

The Blood Donor Center is located in the Gray/Jackson corridor and is open weekdays from 7:30 am - 5:30 pm.



Submit a Patient Experience Award nomination

NOMINATIONS FOR THE SEVENTH ANNUAL Patient Experience Awards are now open through Feb. 21. The program has two components – awards based on excellent or improving survey results, and awards based on nominations for individuals, leaders, and/or departments, programs or teams.

Nominations are being accepted for three categories of awards:

- Individuals who put the needs of patients and their families first.
- Leaders who inspire their teams to provide outstanding service.
- Departments, programs or teams whose work contributes to the patient experience.

Visit the Patient Experience page on Apollo, the MGH intranet, to submit a nomination. Award winners will be recognized at a ceremony led by senior leaders on April 23.

Contact Cindy Sprogis, of the Office of Patient Experience, at csprogis@partners.org for more information. ■

– MLK breakfast

(Continued from page 1)

"Though history books contain only brief – if any – mentions of the contributions of these women activists who influenced the civil rights movement, they were instrumental in the fight for racial equality in America," said keynote speaker Jovita Thomas-Williams, senior vice president of MGH Human Resources. "Like Dr. King, they spent their lives organizing and leading meetings, writing about and advocating for equality, and advancing the causes they believed in."

Though Parks often is the first woman who comes to mind when recalling women in the civil rights movement in the United States, Thomas-Williams said, she was not alone in her fight. "While it is apparent that we have a long way to go, Dr. King's dream has carried on long after his death – through the work of these women and others who have followed," she said. "Today, let us celebrate these women and their male counterparts, who have paved the way for us to go forth and spread the message of equality in our communities – both here at MGH and beyond."

The annual event – which was standing room only in the Paul S. Russell, MD Museum of Medical History and Innovation – began with the presentation of the flag by the MGH Police and Security Honor Guard, followed by the national anthem and opening prayer. Throughout the celebration, attendees were treated to inspirational musical performances by the Harvest Ministries of New England Youth Worship Team, led by Daniel Urizar, of Environmental Services.

"I encourage you all to put what you've learned today into action and refuse to be a bystander in the fight for equality," said Latoya Brewster, AMMP vice chair. ■

2020 AMMP Diversity Champion Award

The 2020 AMMP Diversity Champion Award recipient also was announced during the annual Martin Luther King Jr. Gospel Celebration Breakfast. This award recognizes the exceptional efforts of employees who champion and advocate for equal participation of diverse

professionals and support staff within the hospital community.

This year, the honor went to Mary Elizabeth Bedenbaugh, RN, of the Blake 12 Intensive Care Unit, for her work to promote inclusiveness at the MGH, and across the globe.

Bedenbaugh has been a nurse for 18 years – six of those at the MGH – in a variety of roles. She is part of the MGH Global



BEDENBAUGH

Disaster Response team – which recently deployed to the Bahamas after Hurricane Dorian – and serves on the MGH Collaborative Governance Ethics Committee. In the summer, Bedenbaugh leads outreach teams through her church to Nairobi, Kenya, to provide basic services to families and to educate local nurses to improve quality of care.

"Of all this year's amazing nominees, Mary stood out on top among the rest," said Sandra Thomas, AMMP scholarship chair. "Mary is clearly dedicated to diversity, and connects with all staff to make them feel welcome on a daily basis. Thank you for fostering an inclusive environment for all."



Eating disorders: What to know

National Eating Disorders Awareness and Screening Week takes place Feb. 25 – March 3. Karen Sadler, MD, of the MassGeneral Hospital for Children Department of Medicine and Division of Adolescent and Young Adult Medicine, sheds some light on eating disorders, their symptoms and treatment options.

WHAT ARE SOME TYPES OF EATING DISORDERS AND HOW COMMON ARE THEY?

Anorexia, bulimia and other specified feeding or eating disorders (OSFED) are the most prevalent eating disorders in the United States. Together, they affect up to 5 percent

of the population. While their exact cause is unknown, they are considered “perfect storm” illnesses, when a combination of environment, mindset and childhood development lead to unhealthy and dangerous behaviors.

Binge eating disorder, more common in females, is characterized by episodes of extreme

overeating. Those affected consume far more than what would be considered appropriate in a normal meal. This brings about feelings of guilt, anxiety and depression.

Avoidant/restrictive food intake disorder (ARFID) falls in the opposite extreme. People with ARFID limit their food intake – as the act of eating causes tremendous stress and anxiety – leading to significant weight loss and malnutrition. ARFID is usually seen in younger children and can be triggered by a traumatic event such as food poisoning or choking.

WHAT ARE THE SIGNS PARENTS SHOULD WATCH FOR?

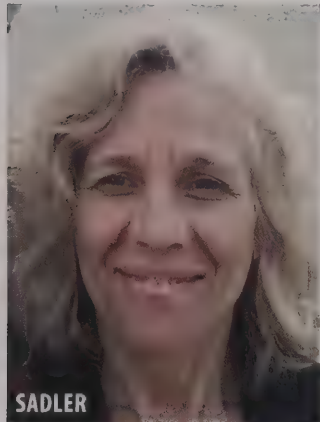
Given how common and serious eating disorders are, all parents should know signs of disordered eating. These can include a child refusing to eat in a social setting, picking at – rather than eating – food, running to the bathroom after meals, or limiting quantity of food or food groups altogether.

Any sort of weight loss should be done slowly in a supervised setting. Children and teenagers are still growing and maturing, so their energy and nutrient needs are different than adults. Rapid weight loss can deprive a teen of what he or she needs for proper development.

WHO IS MOST LIKELY TO DEVELOP AN EATING DISORDER?

Eating disorders are stereotypically thought to affect white, mid-to-late teenagers who excel academically, athletically and socially. However, the landscape is changing.

(Continued on page 3)



SADLER

Revere HealthCare Center opens food pantry

THE MGH REVERE HEALTHCARE CENTER is offering a new prescription for some of its patients who may be dealing with hunger or poor nutrition, which can lead to chronic medical conditions such as hypertension, diabetes and obesity. MGH Revere HealthCare Center is taking on the issue by piloting its first therapeutic food pantry. On Feb. 7, Revere Mayor Brian Arrigo, health center leadership and community supporters came together for a ribbon-cutting to formally launch the effort.

Jacob Mirsky, MD, primary care physician and medical director of the food pantry, spoke about the struggle with food insecurity for an alarming number of his patients. “Food insecurity is the lack of consistent access to enough food for an active, healthy life,” Mirsky said. “It’s no wonder that some of the worst control of blood pressure and diabetes across all of MGH is right here in our own backyard.”

Launching a food pantry has long been a shared vision for Roger Pasinski, MD, Revere HealthCare Center medical director, and Debra Jacobson, administrative director at MGH Revere, and within a month of Mirsky’s arriving to the health center, a multidisciplinary team had been assembled and a plan set.

During the pilot phase, the therapeutic food pantry is not open to all health center patients or the public. It is currently available one day a week to specifically targeted patients who have Medicaid ACO insurance, have screened positive for food insecurity through the health center, and have nutrition-related chronic disease such as obesity, hypertension or diabetes.

A unique feature of the food pantry is that the food is predominantly plant-based. “There isn’t an ounce of red meat, cheese, soda or candy in our pantry – and there never will be,” said Mirsky. To encourage healthy cooking, spices, pots, pans and recipe assistance are also being offered.

Mirsky and his team will be measuring the success of the pilot and planning its expansion in hopes that eventually all MGH patients can benefit, and they are working toward becoming the healthiest food pantry in the greater Boston area. “No patient who can receive world-class cancer or cardiology treatment five miles away should go to bed hungry or suffer from a preventable disease that we have the power to avoid,” said Mirsky. ■



CARING FOR THE COMMUNITY
From left, Mirsky, Jacobson, Arrigo, and Pasinski

2.21.20

2020 

Envision Excellence

MGH to host Joint Commission mock survey

IN PREPARATION FOR THE UPCOMING Triennial Survey by The Joint Commission, the hospital has invited The Joint Commission to conduct a two-day consultative mock survey on March 3 and March 4.

Two surveyors will visit pre-selected inpatient, procedural, ambulatory and support services areas. They will be accompanied by MGH escorts at all times. At the end of the two-day mock survey, a verbal report will be given to leadership.

"The results of this survey will be educational, and we will use this opportunity to gain valuable insights from our colleagues at The Joint Commission," says John Belknap, chief compliance officer. "A successful mock survey will result in an improved state of readiness across the institution and support our efforts to continue to Envision Excellence in 2020."

Focus on Excellence

Envision Excellence for the upcoming Triennial Survey by The Joint Commission by submitting photos of yourself and your colleagues in glasses, sunglasses or silly glasses to show off your 2020 vision for achieving excellent survey results. Send your photos to apollo@partners.org to be entered to win a prize. ■



DIANGELO

A reflection on racism

THE MGH PARTNERED with colleagues from the Partners HealthCare Office for Diversity and Inclusion to bring Robin DiAngelo, PhD, author of The New York Times bestseller, "White Fragility: Why It's So Hard For White People To Talk About Racism," to speak to staff Feb. 10. DiAngelo is an affiliate associate professor of Education at the University of Washington focusing on Whiteness Studies and Critical Discourse Analysis.

The talk was part of the Insight into Identities Series, which took place at Partners Assembly Row and was livestreamed to MGH employees. Following DiAngelo's presentation was a facilitated discussion and workshop moderated by Karey Kenst, of the MGH Health Policy Research Center; Deb Washington, RN, PhD, director of Diversity for Nursing & Patient Care Services; and Gaurdia Banister, RN, PhD, executive director for the MGH Institute for Patient Care.

"This was a wonderful opportunity for the MGH community to not only hear Dr. Robin DiAngelo speak on this topic, but also an opportunity to take some time to reflect on our own actions and how we can better participate in what can often be a difficult and painful dialogue," says Aswita Tan-McGrory, administrative director of The Mongan Institute and director of the MGH Disparities Solutions Center.

The MGH will host its next Stand Against Racism event in April. More details will be shared throughout the next few months. ■



Police be my valentine

ON FEB. 14, members of MGH Police, Security and Outside Services visited MassGeneral Hospital for Children (MGHfC) patients to spread some love – and some frosting – in celebration of Valentine's Day. Officers Ross Blunt, Ian Stickler and Anthony Liseno joined MGHfC patient Noah Simon and his cousins Zion and Zoë Paul for a photo booth with Valentine's Day-themed props followed by a brief dance party. Patients and police also decorated heart-shaped cookies with frosting and sprinkles. The event is part of the PUPP program, a partnership between MGH Police, Security and Outside Services and the MGHfC Child Life Program.

No more nine for outside line: Changes on how to dial 911 from hospital phones

IN RESPONSE TO A NEW FEDERAL LAW that requires workplaces to simplify the process for staff, patients or visitors using hospital phones to reach emergency assistance via 911, the MGH has updated its telecommunication systems to no longer require callers to dial '9' before dialing 911.

Effective immediately, callers using hospital landline telephones – as well as other multiline telephone systems, such as those found in other hospitals and office buildings – can dial 911 directly to reach emergency assistance. At the MGH, dialing 9-911 will continue to work as well.

For all other outside calls, callers are still required to dial '9 then 1' before being directed outside the hospital phone system. However, on a system that requires staff to dial '9 then 1' before an outside number, it is increasingly more likely that 911 may be dialed in error.

With this new process, the MGH Police, Security and Outside Services, and Emergency Preparedness Departments urge staff to keep

the following in mind when placing calls:

- Please be vigilant and pay special attention when dialing outside lines to avoid accidentally dialing 911.
- If you do accidentally dial 911 – do not hang up. Stay on the line and tell the operator you dialed 911 by mistake.
- All 911 calls are alerted and reported in the MGH's telephone system to Police and Security, so staff often will receive a follow up call from Police and Security after a call to 911.

"We hope this change will make it easier for those who require emergency assistance to reach 911 directly," says David Reisman, executive director of Emergency Preparedness. "We encourage you to share and discuss this information with all staff members."

Staff should contact Tom Mahoney, MGH Police and Security, with questions. ■

Handcrafted cards from the heart

MGH VETERANS, STAFF, families and friends gathered once again at the Wyndham Hotel Feb. 6 for the fifth annual Valentines for Veterans event hosted by the MGH Military Veteran Partners (MGH MVP). The crafters – including Cinzia Lobo and Joe Walsh, both active MVP members – put their artistic feet forward to create valentines for veteran patients here at the MGH and at local VA hospitals. Annually, the week of Feb. 14 represents a national effort to recognize and thank the men and women of the United States armed services for their service.

The MVP is an interdepartmental group committed to serving and supporting the MGH's

active duty, reserve, former military and service member employees, as well as their families and external veteran community. The group welcomes all MGH employees and requires no prior military service. Email MGHVETpartners@partners.org to learn more.



– *Eating disorders*

(Continued from page 1)

Children are now presenting with these disorders at a younger age and males are being affected at an increasing rate. Some of this is due to over-exercising or over-focusing on calories and energy output through apps and wearable devices. Activities like modeling, running, wrestling and dance are traditionally considered more high risk because of their emphasis on looks and body proportions.

WHAT ARE THE TREATMENT OPTIONS?

Treatment is based on the severity of the disorder. Outpatient physician monitoring with consultations from a nutritionist and therapist helps many patients, but other individuals need hospitalization until they are stable enough to participate in a specialized eating disorder program. These programs address not only the physical impacts of an eating disorder, but the psychological and emotional impacts as well.

The long-term effects of having an eating disorder are still being assessed. Studies are ongoing, for instance, on bone health and anorexia through the MGH Neuroendocrine Unit. ■

The do's and don'ts of the new distracted driving law



The new Massachusetts distracted driving prevention law goes into effect Feb. 23. Michael Flaherty, DO, a pediatric critical care physician in the MGHfC Pediatric Intensive Care Unit and director of the Trauma and Injury Prevention and Outreach Program, works to investigate the effects of health policies and legislation on preventing pediatric injuries. Here, Flaherty answers some questions on the new law – why it is important and how

parents can talk about it with their teenagers.

WHAT IS DISTRACTED DRIVING?

Distracted driving means your attention or focus is taken away from the task of driving and comprises three core types:

- Visual: When you take your eyes off the road
- Manual: When you take your hands off the wheel
- Cognitive: When your mind is not primarily focused on driving

Distracted driving is dangerous and can lead to injury and death. More than 1,000 people are injured daily in crashes involving a distracted driver. While any distraction can endanger the driver and others, texting while driving is especially dangerous as it combines all three types of distraction. Further, it takes the brain approximately 30 seconds to refocus on driving after looking at a mobile phone.

WHAT IS THE NEW HANDS-FREE LAW?

The Massachusetts hands-free law prohibits all drivers from all use of their phones, for any reason, including making calls, reading or sending text messages, using social media or typing in directions – even when at a stop light or in traffic. Phones may be used in

hands-free mode through Bluetooth or when the phone is mounted to the windshield or dashboard at eye level.

WHAT IF I NEED TO USE THE NAVIGATION ON MY PHONE, ANSWER THE PHONE OR MAKE A CALL?

Drivers can utilize their mobile device's voice commands for directions and calls – such as Apple's Siri and Google Assistant – which must be enabled to place calls or get directions.

Cars without built-in GPS, Apple CarPlay or Android Auto must be equipped with a phone mount on the dash or windshield for GPS navigation. Drivers must type in their destination and start the directions before driving.

WHAT SHOULD PARENTS DO?

Drivers under the age of 20 have the highest proportion of distraction-related fatal crashes. Parents need to foster open conversations about the importance of the law and how it works to ensure their own safety and the safety of others. Since 2010 it has been illegal in Massachusetts for any junior operator – drivers under age 18 – to talk on the phone in any way while driving, including hands-free.

Encourage teenage drivers to speak up if they see their peers or others driving distracted just as they would if someone were driving while drunk. Additionally, parents must set good examples by not using their phones while driving.

TOP TIPS:

- Set mobile electronic devices to “Do Not Disturb” mode, which prevents notifications from coming through while the user is in a vehicle.
- Set an example for others. Peers, children and colleagues learn from one another, so we need to make distracted driving unacceptable behavior.
- Use the new law as an educational opportunity. Talk with your teenage driver about the dangers of driving while distracted – including using cell phones, eating and manipulating the radio while behind the wheel. ■

New look for 2020 Mass General Marathon Team shirts

THE 2020 MGH MARATHON TEAM T-shirt is now available. This year's adult long-sleeve unisex shirts are lightweight, breathable and moisture-wicking. They are available in sizes extra-small through double extra-large.

All proceeds from shirt sales will benefit the Mass General Marathon Team supporting the following hospital programs: Pediatric Cancer, Emergency Response and Home Base.

Visit the MGH Giving site or the General Store to purchase this year's shirt.

MASS GENERAL
MARATHON TEAM
#RUN4MGH



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THEN AND NOW: One impromptu wedding, two children and 40 years later, Smith and Lund say the Ether Dome "looks pretty much the same."

Happily ether after

ON A THURSDAY in February 1980, English couple Mark Smith and Kay Lund were facing a dilemma: Smith was about to overstay his tourist visa while visiting Lund, a postdoctoral fellow in Joel Habener, MD's Laboratory of Molecular Endocrinology. "Well," an immigration officer told them that day, "you could get married."

The couple, during a conversation at a Friendly's restaurant – now the site of the Charles River Plaza – decided to do just that. The following Monday, with lab colleagues and friends in attendance, and a

justice of the peace presiding, they were wed in a venue that was both convenient and free: the Ether Dome.

Were they at all unnerved by the presence of Egyptian mummy Padihershef, or the fact that thousands of operations had been performed on the spot? "Not at all," says Smith. "I just thought it was cool, a bit of history."

Lund was given away by Habener. Smith was escorted by
(Continued on page 4)

Coronavirus Town Hall

HOSPITAL LEADERS HOSTED a town hall meeting March 4 to provide the most recent information and to address employee questions and concerns regarding the ongoing worldwide outbreak of a respiratory illness, caused by the new coronavirus called COVID-19. The standing-room-only event – now available to watch on the Apollo coronavirus intranet site – focused on the current status of COVID-19, what the hospital is doing to prepare in the event it sees a patient or patients with the coronavirus, and how staff can best protect and prepare themselves and their families.

(Continued on page 3)

"All of the things that seem very low-tech – handwashing, social distancing – are the best prevention measures for this disease. If you touch a surface with the virus on it, then perform hand hygiene, you will kill the virus."



Erica S. Shenoy, MD, PhD, medical director, MGH Ebola and Other Special Pathogens Treatment Center and associate chief, MGH Infection Control Unit

Daylight saving time: Easing the transition

THIS YEAR, DAYLIGHT SAVING TIME begins at 2 am on March 8. Here, Elizabeth Klerman, MD, PhD, of the MGH Department of Neurology, discusses possible side effects of the clock “springing forward” – moving forward by one hour – and how people can ease the transition.

Can daylight saving time impact one's health?

Yes, daylight saving time can adversely impact our health both acutely and chronically. During the first few days, people enjoy the sunlight when they leave work, but they also complain about additional fatigue in the morning. Most people are not aware on a daily basis of the other adverse consequences.

The acute change occurs when we “spring ahead” and therefore lose one hour of local clock time. Since we need to go to work an hour earlier – by body clock time – usually people choose to lose one hour of sleep. As a result, studies show people experience adverse cardiovascular events and the number of traffic accidents increase in the first week after the transition.

There also can be chronic effects. Even one hour of mismatch between local clock time and body clock time has negative health impacts, including increased metabolic diseases, cardiovascular disease, cancer and worsened mood regulation and performance.

What can people do to ease the side effects?

For the acute side effects – especially at the spring change – people should try to sleep at least one hour later by clock time on the first few mornings after the clock change. To ease the chronic side effects of the mismatch between local clock, sun clock and biological clock, people should sleep more on their non-work days, preferably until they wake up naturally without an alarm clock. ■



RESEARCH ROUNDUP

Researchers identify a new set of immune cells linked to bacterial sepsis

Sepsis is a life-threatening immune response to infection that can lead to tissue damage, organ failure and amputation. It is fatal in up to 34% of cases and is the most expensive medical condition to treat in the United States. Early detection has been particularly challenging in sepsis, because it's still not clear what triggers it and it does not always present the same way.

In a recent study, MGH investigators used single cell RNA sequencing to compare samples from hospitalized patients with early sepsis and a control group who had infections without sepsis. By doing so, the team identified a new subset of immune cells that are significantly expanded in patients with sepsis, as well as two genes that together serve as a biomarker for sepsis. The team is not yet sure if the newly discovered immune cells contribute to the onset of sepsis or are a byproduct of it.

“Not only might this be a way to monitor patients with known infections to predict which of them will develop sepsis, but it could also lead to medications that interfere with the dysbiosis and thereby treat sepsis more effectively than we currently do,” says Marcia Goldberg, MD, of the MGH Infectious Diseases Division and the Broad Institute. Goldberg led the study along with Nir Hacohen, PhD, Michael Filbin, MD, and Miguel Reyes, from the Broad Institute.

The team is currently seeking funding for a larger study. “We can dig deeper once we look at more patients,” says Goldberg.

Study finds brains of young men with autism have lower levels of a protein connected to inflammation and metabolism

MGH investigators have used advanced imaging technology to show, for the first time, that the brains of young men with autism spectrum disorder have low levels of a protein that appears to play a role in inflammation and metabolism.

While the cause of autism is still unknown, growing evidence has linked the disorder to neuroinflammation – inflammation of the brain tissue.

The study team compared the brains of 15 young adult males with autism – of varying symptom intensity – to 18 control subjects who were similar in age. Going into the study, investigators thought they would see increased levels of translocator protein (TSPO) in patients with autism, as TSPO has previously been connected to neuroinflammation. To their surprise, however, the opposite occurred.

The scans showed that the subjects with autism had lower levels of TSPO than healthy subjects and that those with the lowest levels also demonstrated the most severe symptoms. The brain regions where the low TSPO levels were found have previously been linked to autism and are believed to regulate brain functions related to the processing of emotions, interpreting facial expressions, empathy and relating to others.

“Our study has generated new hypotheses that now need to be investigated,” says Nicole Zurcher, PhD, of the Martinos Center for Biomedical Imaging, who led the study along with Jacob Hooker, PhD, director of Radiochemistry at the Martinos Center.

(Continued from page 1)

COVID-19 SYMPTOMS AND TRANSMISSION:

- Symptoms are very nonspecific which can make it difficult to initially determine if a patient has COVID-19 or seasonal flu, the common cold or respiratory syncytial virus (RSV). Symptoms often include fever, fatigue and a dry cough, and may also feature aches and pains, congestion, runny nose or sore throat.
- As of March 4, roughly 80% of cases across the globe have presented with mild to moderate symptoms – similar to those found in a common cold. Some 15% may require hospitalization for more severe symptoms, such as shortness of breath or dizziness, and an estimated 5% will require more intensive care.
- Current reports suggest the 1-2% of people who have died from COVID-19 are elderly patients or those who have multiple chronic conditions.
- The virus is transmitted primarily through droplets of fluid, which come from coughing and sneezing. Those droplets then can contaminate surfaces when they fall down.
- Currently, it is unknown how long a person is contagious.

“This is about your safety, patient safety and community safety. Stay home if you are not feeling well. The hospital will not be able to function properly if people who are not feeling well put our patients and their colleagues at risk.”



Steve Taranto, director of Human Resources

“While there is no evidence right now of sustained transmission in Massachusetts, this could change. This is not cause for panic or terror, it is simply what the disease will do. People have been working extremely hard for many weeks now on this situation through the Hospital Incident Command System.”



Paul Biddinger, MD, chief, Division of Emergency Preparedness

PROTECT YOURSELF AND OTHERS:

- Infection prevention is best. Wash your hands often for at least 20 seconds.
- Avoid touching your face, nose and mouth.
- Routinely disinfect surfaces, especially cell phones, pagers and tablets.
- If you have respiratory symptoms, in most cases you should respond in the same way as you would when you have a cold or the flu. Stay home, distance yourself from others, rest and contact your primary care doctor if needed.
- Patients with mild symptoms can overwhelm the health care system. It is safe to stay home and recover and not risk exposing others to the disease.
- Health care workers should make sure they know the proper way to don and doff their personal protective equipment (PPE).

WHEN TO WEAR, AND NOT WEAR, FACE MASKS

- N95 respirators – which protect a wearer from airborne particles – should only be worn by health care providers and when caring for a patient who is on airborne isolation or strict isolation.
- Surgical masks should be worn by health care workers when caring for patients on droplet isolation or as part of standard precautions.
- Patients in the hospital, and the general population, should



wear surgical masks when they have a fever or cough. Do not wear a surgical mask if you are not experiencing these symptoms.

PREPAREDNESS AT THE MGH:

- The MGH Biothreats Committee was created in 2003, focused on pandemic planning, trainings and preparedness measures.
- The MGH is a designated Regional Ebola and Other Special Pathogens Treatment Center, one of only 10 in the United States, offering enhanced capabilities to respond to and treat a patient with an infectious disease.

WHAT STAFF CAN DO NOW:

Ensure the MGH continues to function and lead for our patients, our staff, our communities and our families by following these key steps:

- **Be flexible.** Think now about what plans you can put in place should, say, schools close. Think of your contingency plans and be prepared.
- **Stay informed.** Be an ambassador for good information from credible sources – these include MGH and Partners HealthCare updates and Apollo, the MGH intranet, as well as the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and local and state public health departments.
- **Be prepared.** For emergencies of any kind, it is always good to keep supplies on hand. Visit www.ready.gov/ for preparedness checklists and plans. ■

“We’re very fortunate to have world-class expertise in this area of emergency preparedness. This obviously falls into the category of prepare for the worst, and hope for the best. Should anything play out, we’ll be ready for our patients, our staff and the community.”



Peter L. Slavin, MD, MGH president

Stop Germs! Wash Your Hands.



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running



Dry hands using a clean towel or air dry them.





Veteran takes marathon training mission to new heights

AS A 10-YEAR PARTICIPANT in the Run to Home Base, Marine Corps veteran Michael York is no stranger to putting in the miles to support veterans, service members and their families. This year, York is taking on a new challenge through his participation in the 124th Boston Marathon.

"I first learned about Home Base in 2009 – shortly after I left the Marine Corps," says York. "After having such incredible experiences participating in the Run to Home Base each summer for the last decade, I couldn't pass up the chance to run the Boston Marathon for a cause I am so passionate about."

The East Bridgewater, Massachusetts native will run his first marathon as part of MGH's Home Base Boston Marathon team. In addition to traditional running, there is an element to York's training regimen that is somewhat unconventional: he has set out to summit all 4,000-foot peaks in the White Mountains of New England this winter. Climbing all of the 48 peaks is a major goal for many avid hikers, but completing them all in the winter is even more challenging.

For York, mountains are a place of healing and serenity, but they are also a source of physical and mental challenge akin to what he experienced while in the service – and what he will experience during the Boston Marathon this April.

"We are grateful to have a team of dedicated Boston Marathon runners this year who are committed to our mission and dedicated to giving back to those who have served our country," said retired Brig. Gen. Jack Hammond, executive director of Home Base.

York has so far completed six winter hikes. Though he was initially accompanied by his father – a U.S. Army veteran – on his hikes, York now invites fellow veterans to join him on the trail. He has inspired others to take on the #Veteransonthe48 challenge and, like York, they all share a fierce determination to raise awareness of, and end, veteran suicides.

"As a veteran, I am deeply appreciative of the work Home Base is doing for the military community," said York. "I'm proud to support that work by raising awareness through hiking in the White Mountains and running the 2020 Boston Marathon. When people come together from all over the country to achieve the same goal, it's a powerful thing. It doesn't take much to show a veteran you care – sometimes all you need to do is something small and it will make ripples that last a lifetime." ■

Marathon motivation:



"During my first Boston Marathon in 2013, I was stopped by police a half mile from the finish. I had to return the following year to finish what I started. What I thought was a bucket list item has become a huge part of my life. Having a patient partner in 2016 solidified my passion tenfold – my relationship made it personal and gave more meaning to my fundraising efforts. I run in his memory and in support of my new partner Teddie. Go MGH!"

JESSICA SPENCE, RN, PEDIATRIC HEMATOLOGY AND ONCOLOGY TEAM, SEVENTH MARATHON



"In 2018, I met a patient being treated at MGHfC for leukemia. I was paired with Emilia as part of the patient partner program. She was full of courage and joy for life despite her illness. Her family was so amazing and supportive despite all their challenges. Emilia and her family have become part of my own. I'm excited to run the Boston Marathon for her this year."

DEB JACOBSON, ADMINISTRATIVE DIRECTOR OF THE MGH REVERE HEALTHCARE CENTER, 12TH MARATHON



"I run to support the kids who face cancer head-on every day. Sometimes getting through the uphill battle is about putting one foot in front of the other, much like running a marathon. When I face challenges of my own, I regain my strength and determination by thinking of the kids and families who are navigating a tough cancer diagnosis. I want to let them know they aren't alone. Come rain or shine, I will finish the Boston Marathon strong for each one of these kids and for my patient partner Isaac."

PAUL MYOUNG, SENIOR ADMINISTRATIVE DIRECTOR OF THE MGH TRANSPLANT CENTER, FIFTH MARATHON

– Ether Dome wedding

(Continued from page 1)

Habener's assistant Jean Sullivan. Many friends from MGH attended the ceremony. After the ceremony, the attendees headed to Houlihan's in Faneuil Hall for a celebration.

After Lund spent three years at MGH, the couple moved to North Carolina where she held a faculty position at the University of North Carolina, Chapel Hill for many years and Smith was an artist and home builder. They raised two daughters and recently moved to Maryland where Lund is the director of the Division of Biomedical Research Workforce at the National Institutes of Health and Smith continues to be an artist. They recently returned to the unusual site of their "I do's" – 40 years later.

Alas, they no longer have those fabulous hats. ■

